

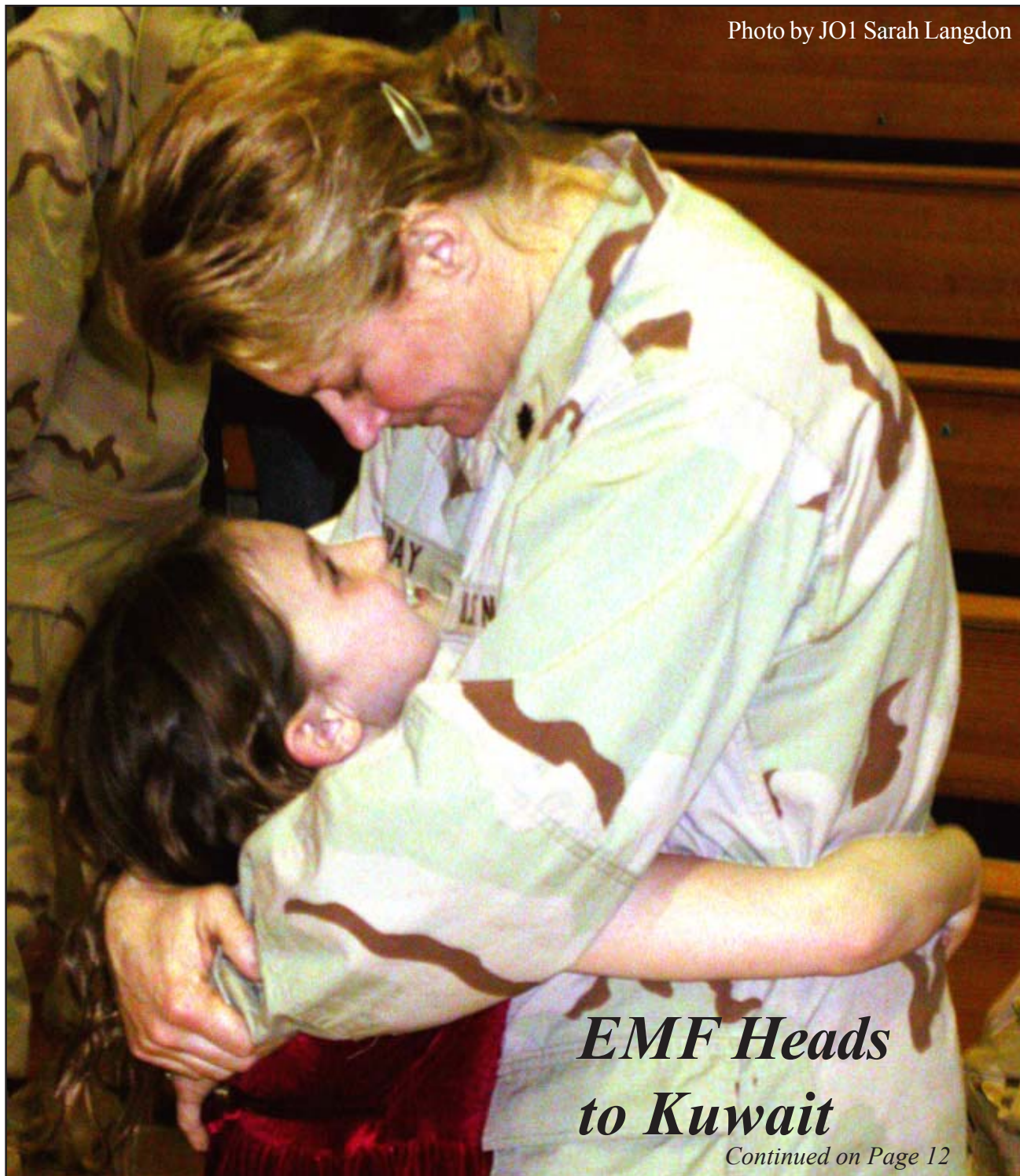
Serving the People of the 'First and Finest' Since 1943

THE COURIER

Naval Medical Center Portsmouth

March/April 2004

Photo by JO1 Sarah Langdon



*EMF Heads
to Kuwait*

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NMCP Library Wins Library of Congress Award

By JO1 Rebecca A. Perron

Naval Medical Center Portsmouth's Library Services Division received the 2003 Federal Library/Information Center of the Year for the small library category from the Federal Library and Information Center Committee of the Library of Congress. The award was presented to Jane A. Pellegrino, Library Services Division department head, Capt. Kevin J.

Knoop, special assistant for graduate medical education and research, and Lisa Eblen, Health Sciences Library division officer, at the Federal Library and Information Center Annual Forum held March 25 at the Library of Congress in Washington, D.C.

This annual award recognizes federal libraries that excel in three areas: mission support, innovative

programs and customer service. The Committee recognizes winners in two categories: small library/information centers with a staff of 10 or fewer and large library/information centers with a staff of 11 or more. The Library serves the command's 5,000 staff members, patients and family members with two librarians and two library technicians.

NMC Portsmouth is the second recipient of this award, which was first presented in 2002 because smaller libraries were at a disadvantage to compete with the larger ones for an overall award.

"I feel very grateful that we are being recognized in this way," explained Pellegrino. "The award points out the importance of our library in what we can do to help people in finding information, finding what they need, when they need it."

"I was excited," Eblen said. "I think it is great recognition because we work very hard for the Library and the command. It's also great acknowledgement for the command for the support they give us."

Pellegrino said she was thrilled when she received the phone call

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Robin Smith at FLICC/FEDLINK, Library of Congress

Jane Pellegrino, Library Services Division department head, center, displays the award received from the Library of Congress. From left are Susan M. Tarr, FLICC executive director, James H. Billington, Librarian of Congress, Pellegrino, Lisa Eblen, Health Sciences Library division officer, and Capt. Kevin J. Knoop, special assistant for graduate medical education and research.

The Courier

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This publication provides an avenue to circulate all useful information the NMC Portsmouth staff has to offer. Submissions are welcome. Contact the Public Affairs Office by calling 953-7986, by fax at 953-5118, or by emailing the PAO, Lt. Jacky Fisher, at jefisher@mar.med.navy.mil. Submissions should be on a disk in text or Word format with a paper copy attached. Photos should be a separate submission from the document and in jpeg, bitmap or tiff format. Submissions will be placed in the upcoming issue, space permitting. PAO is located in Building One, Third Deck, Rm. 311.

CWC Offers Child Care Alternatives for Patients

Story and photos by JOI Rebecca A. Perron

Parents understand the difficulty of bringing small children to a doctor's office, especially when the appointment is for just one child, and others must be brought along. Parents can feel a sense of ease knowing they will be able to devote their full attention to themselves or their child, whomever is the patient, and the medical staff may do the same, when extra children are not brought to the appointment.

of time for the patient to be seen. Care is available from 6:30 a.m. to 4:15 p.m.



In the pre-school room, Diane Waters, left, and Gwen Vergara, both educational technicians, help Janay, 5, right, and siblings Jonathan, 5, center, and Rose, 3, to paint with sponges.

To help alleviate this concern, Naval Medical Center Portsmouth has offered the Child Waiting Center (CWC) for the past six years as a child care alternative to anyone who has an appointment at NMC Portsmouth. The center is located in Bldg. 249, adjacent to the parking garage, near the ground floor walkway to the Charette Health Care Center.

"Doctors and clinics prefer not to have children who are not the patient at an appointment," explained Shirley Bradford, CWC program supervisor. "Parents who have an appointment, whether for themselves or for another child, may use our child care facility during the appointment. Parents may call up to 30 days in advance of the appointment to make a reservation."

"Parents can go to their appointment," said Janis Long, NMC Portsmouth CWC and Norfolk Naval Shipyard Child Development Center director, "knowing their children are in a safe, loving environment, getting great care and an opportunity to socialize with others."

The CWC schedules children age six weeks to five years for a four-hour block to allow plenty

on file so another adult can be called to pick up the child.

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Lashun Bass, an educational aide, helps 19-month-old Joshua use a brush while he paints in the infant/toddler room.

NMCRS Fund Drive in Full Swing - Literally!

Photos by JO1 Rebecca A. Perron



Rear Adm. Thomas K. Burkhard, commander, Naval Medical Center Portsmouth, left, Adm. William J. Fallon, commander, U.S. Fleet Forces Command, and commander, U.S. Atlantic Fleet, center, and Rear Adm. Stephen A. Turcott, commander, Navy Region Mid-Atlantic, right, fill out their 2004 Navy-Marine Corps Relief Society

donation forms to kick off the annual drive which began March 1. Marine Col. Ed McCann, ret., who is the director of Navy-Marine Corps Relief Society, Norfolk Region, looks on.



Above: Smoothie anyone? Command members pitched in to sell smoothies in the galley during lunch to benefit the NMCRS Fund Drive. From Left: CS2(SW) Harold Colgan, Ens. Carolyn Skelton, HM2 Virginia Robles, HN Jennifer J. Saleena and HM3 Michele A. Young.

Right: Adm. Thomas K. Burkhard, commander, NMC Portsmouth, tees-off at the first hole of the Sewells Point Golf Course at Norfolk Naval Station March 19 to start the Admiral's Challenge Fundraiser Golf Tournament to benefit the Navy-Marine Corps Relief Society. Eleven teams of four played the 18-hole course. Adm. Burkhard's team won the tournament, which raised more than \$3300 for the Society.



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NMCP Gets into the Swing of Navy Marine Corps Relief



HMCN(SW) Steve Kilroy, leading chief petty officer, Education and Training Department, left, and CMDM David Carroll, NMC Portsmouth's command master chief, play the first hole of the Sewells Point Golf Course during the Admiral's Challenge Fundraiser Golf Tournament. During the shotgun start, the team started at the 17th hole, playing the first as their third.

EMF Practices Litter Carrying Maneuvers, Ready for Real Thing

Story and photos by JO1 Daniel A. Bristol

Navy Expeditionary Medical Facility Portsmouth, Camp Doha, Kuwait – With propeller blades spinning above their heads, the hospital corpsmen move into position. In a group of four, moving two by two, they perform like a team who has worked together for many years. But in reality, many of these Sailors are in the field for the first time, so practice makes perfect.

Sailors from Expeditionary Medical Facility Portsmouth hone their patient-handling skills as they practice loading and unloading patients from an Army Black Hawk UH-60 helicopter. With the

assistance of Army personnel acting as the jump team, these Sailors learn skills that may soon help save lives.

Navy EMF stands ready to take over the support mission from the 801st Combat Support Hospital. The 801st personnel supported "Operation Iraqi Freedom" for almost a year now, and they are ready to turn over the reins. A formal turnover must take place, and training and bringing EMF personnel up-to-speed is a big step in that process.

"Now is the time to learn," explains Cmdr. David Price,

executive officer, Navy EMF, "not when trying to load and unload actual casualties."

According to Price, EMF Sailors should take advantage of this training now while the 801st personnel are still onboard to answer any questions. Once the Army leaves, there will not be anyone around to ask for guidance. The answers will have to come from experience and trial and error. This training is EMF's trial and error period.

It takes precision teamwork to lift patients in a litter, carry them to

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Truths About Marijuana: Not the Safe, Non-Addictive Drug Many Think

Submitted by HMI Eduardo Ortiz, command drug and alcohol program advisor

It has been widely publicized that less than one percent of service members test positive for illegal drugs, and it has been this way for some time. The consistency of drug testing has played an important part in maintaining a drug-free environment in the military service.

Of those drugs showing positive in tests, one stands out as the drug of choice among illegal substances. That drug is marijuana, long considered by many to be “safer, fairly harmless and non-addicting.” Marijuana has even found approval in medical usage in some areas, such as California, for easing the pain and other symptoms of patients with certain cancers, AIDS and other serious and painful diseases. This approved usage continues to create tension with federal laws prohibiting its possession.

The truth about the marijuana of today is that it is stronger and more potent than that of the 70s. All forms contain THC (delta-9-tetrahydrocannabinol), which is the main active chemical. Up to 400 other chemicals can be found in the various forms, which can make it very dangerous, especially when drinking alcohol or taking other drugs.

Marijuana is a mind-altering drug. Short-term effects may range from feeling nothing at all, relaxation, hunger (the munchies) and thirst, to sudden paranoia, problems with memory and learning, distorted perception, trouble thinking clearly and problem solving, even loss of coordination, increased heart rate

and anxiety. Users should know that even small traces of THC in the system could be detected several days after smoking it.

More heavy or chronic users can expect more permanent damage to memory, judgment and perception. Regular use affects the respiratory and immune systems and has played a role in some kinds of cancer. In chronic users, traces of THC can be detected for weeks after the drug use has stopped.

As with many drugs, every user does not get addicted. THC can be an addictive substance for one who may be predisposed, or has had previous serious antisocial problems. When a user begins to seek out and use marijuana compulsively, they are said to be addicted or dependent on the drug. Many people entering drug treatment programs report marijuana to be their primary drug of choice, showing they need help to stop using.

Finally, using marijuana can cause you to mess up in all aspects of your life, work, school, sports and relationships with friends and family. You are more likely to make stupid mistakes and take risks that could hurt you or others. You may lose interest in how you look, what you say or do, and how you get along with others. The bottom line is, it only takes one positive urinalysis to begin mandatory processing for an administrative separation, usually resulting in an Other-than-Honorable discharge. Is your career and everything you’ve invested worth it? ▼

NMCP Pharmacy Eliminates Ticket Category ‘C’

A Note from Capt. Roger N. Hirsh, Pharmacy service line leader

The Pharmacy has eliminated the “C” category for written prescriptions. Although all written prescriptions (“C”) must be prospectively checked by a pharmacist, we were spending too much time explaining that the “B” and “C” categories were first-in, first-out.

“A” tickets are priority tickets, with waiting time less than that for the “B” tickets. “A” category includes active duty in uniform or scrubs; and NMC Portsmouth hospital staff returning to duty. Military and/or staff ID is required. Comment above on discretion applies.

For particularly critical patients, do NOT instruct them to take an “A” ticket unless they specifically fit in the “A” category as described. It is also not acceptable to have a staff person pull the “A” ticket for them and then give it to the patient. Instead, please call the pharmacy, and we will make individual arrangements to expedite the patient.

As always, most prescriptions in CHCS may be picked up at any of our branch clinic pharmacies most convenient to the patient. This includes Langley Air Force Base and Fort Eustis clinics. Please specify the “Dispensing Pharmacy” on the order entry screen. ▼

Navy Surgeon General, Congressman Visit Hospital Ship

By JOI (SW/AW) AnTuan Guerry, National Naval Medical Center Public Affairs

BALTIMORE (NNS) — Surgeon General of the Navy Vice Adm. Michael Cowan and more than 40 staff members from various congressional offices visited hospital ship USNS Comfort (T-AH 20) March 1.

Congressman Benjamin Cardin of Maryland's Third Congressional District also paid a surprise visit to the ship and its crew.

Comfort's primary mission is to provide an afloat, mobile, acute-surgical medical facility for the U.S. military to support expeditionary warfare. The visit allowed the staffers to view firsthand the duties, responsibilities and capabilities of the 1,000-bed hospital ship.

"This visit is important because it lets lawmakers and staff see what [Comfort] can do and what [Comfort] has done during this global war on terrorism," said Comfort Executive Officer Cmdr. Jim Pellack. "There's no better way for them to understand than to let them see it for themselves."

The visit started with lunch in the wardroom and included stops on the bridge, flight deck, blood bank and one of the ship's 11 operating rooms. The Medical Treatment Facility aboard Comfort is one of the largest trauma units in the United States, and offers a full spectrum of surgical and medical services.

The staffers continued their tour with a visit to Comfort's radiology department, headed by Capt. Jeffrey Georgia. According to Georgia, the ship showed its full potential during Operation Iraqi Freedom (OIF), as

radiology scanned more than 13,000 X-rays of patient enemy prisoners of war.

Allison Percy, principal analyst, National Security Division of the Congressional Budget Office, said she was truly enlightened during her tour of the 894-foot floating hospital.

"I learned quite a bit about the operations of Comfort, especially during OIF. Health-wise, it gave me a greater understanding of what the ship does during wartime and for the military in general," Percy stated. "The hands-on knowledge was better than just reading about it."

More than anything, hospital ships are about people taking care of people, a fact the Surgeon General backs up.

"Aircraft carriers and other types of ships can make a political statement all on their own," Cowan explained. "But when we send out a hospital ship, we are delivering an entirely different message...we are sending out a message of humanity and care."

For more information on Comfort, visit their Web site at www.comfort.navy.mil. 🇺🇸



Official U.S. Navy photo

Congratulations!

Senior Nurse of the Quarter
Lt. Cmdr. Nancy E. Holmes,
Oceana Branch Medical Clinic

Junior Nurse of the Quarter
Lt. j.g. Paul E. Pellini,
Emergency Medicine Department



Importance of Immunizations Highlighted During National Infant Immunization Week, April 25 to May 1

By JO1 Rebecca A. Perron

Vaccines are one of the most successful and cost-effective public health tools for preventing disease and death. Diseases that were once common, like polio, measles and mumps, are distant memories for most Americans. Today, there are few reminders of the suffering, disabilities and premature deaths caused by the diseases that are now preventable with vaccines.

Most of parents today have never seen the suffering the diseases can cause, and unfortunately, they may be less concerned about the need for immunization compared to other parental priorities. However, they are not diseases of the past. They are still with us and are still circulating in many parts of the world.

The Centers for Disease Control and Prevention (CDC) established National Infant Immunization Week (NIIW) in 1994 to help parents understand the important of immunizations for their children, and to continue

community awareness of potential problems from lack of immunizations. This year, NIIW is celebrated from April 25 to May 1.

"Our goal is to raise the vaccination rate," explained CherylAnn Kraft, product line leader for Preventive Health and Wellness at NMC Portsmouth. "A lot of people forget these diseases have killed millions of children in the past and are still killing today."

As the CDC celebrates the 10th anniversary of NIIW, more than one million of our nation's two year

olds are still missing one or more of the recommended immunizations. Each day, 11,000 babies are born who need to be immunized against twelve diseases before age two, adding to the number of children the CDC must help ensure are protected.

Death rates for most vaccine preventable diseases

has been reduced by 99 percent or more since the introduction of vaccines. But diseases are only a plane ride away.

Measles is no longer circulating in the U. S., but the virus is frequently imported from another country. In 1989, the U. S. was hit with a measles epidemic resulting in 55,000 cases, 11,000 hospitalizations and more than 120 deaths between 1989 and 1991.

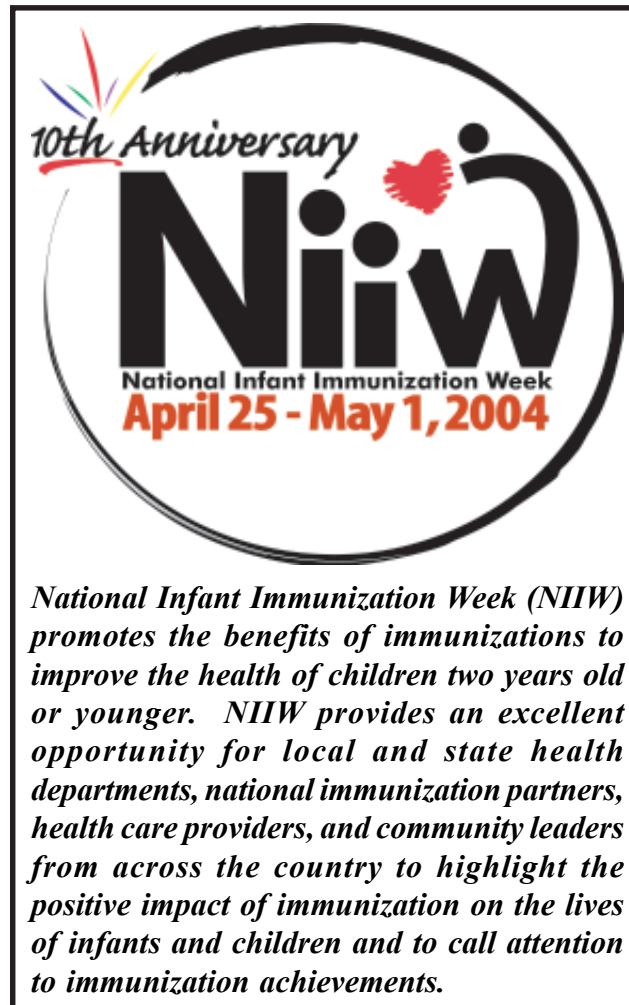
The polio vaccine was licensed in 1955. From 1951 to 1954, about 16,000 paralytic polio cases and 1,900 polio deaths were reported each year. As of 1991, polio caused by wild-type viruses has been eliminated from the Western Hemisphere,

and according to the CDC, should be eradicated from the world by the end of 2004.

Before the introduction of effective vaccines, one in 200 children developed invasive Hib disease before five years of age, about 20,000 cases annually. Fifteen to 30 percent of affected children became hearing impaired, and two to five percent died in spite of effective antibiotic therapy.

In the 1960s, many people saw the terrible

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NIIW Promotes Immunizing Children on Time

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effects of the rubella virus. During an epidemic in 1964 and 1965, about 20,000 infants were born with deafness, blindness, heart disease, mental retardation, and other birth defects because the rubella virus infected their pregnant mothers. Today, thanks to an effective vaccine, the rubella virus poses little threat to expectant mothers and their unborn children.

Unfortunately, there are still too many recent examples of preventable diseases in existence, even in our community.

"Last year, the Virginia Beach Department of Health reported 18 children in one elementary school came down with pertussis, also known as whooping cough," Kraft said. "If they had the proper vaccines, we should not see this type of disease."

Vaccines not only save lives, they also save money. The U.S. saves \$14.50 for every dollar invested in giving the hepatitis B vaccine to infants at birth to two months of age. Every dollar spent

on the measles-mumps-rubella vaccine generates about \$23 in total savings, about nine billion dollars each year.

While no vaccine is 100 percent safe, serious adverse events that occur as a result of vaccination are extremely rare.

"The bottom line is that the child's chances of being harmed by the disease is far greater than being harmed by the vaccine itself," Kraft added.

It is important for vaccinations to be received throughout our life, not just in childhood. The greatest vaccine-preventable disease for adults is influenza. The CDC estimates an average of 36,000 people die annually due to influenza and its complications. Most are over 65 years old. More than 6,000 adults die from pneumococcal infections annually, and Hepatitis B causes at least 4,000 adult deaths each year.

These deaths, as well as the diseases that affect our children, could be prevented with a visit to an immunizations clinic. For more information about the CDC's National Immunization Program and NIIW, visit www.cdc.gov/nip.

Mobile Education and Care Unit Offers Alternative Appt. Site

By JO1 Sarah Langdon

Some women serving on board ships in the Navy may feel uncomfortable receiving their annual gynecological exams aboard the ship. The idea of having a fellow crewmember perform such a personal and intimate exam may be somewhat daunting.

Fortunately, there is an alternative for the crewmembers serving on the Norfolk waterfront. The Mobile Education and Care Unit (MECU) is a mobile, trailer-sized vehicle providing gynecological exams, breast exams and health education to servicemembers who want to take advantage of its services. Originally created for the purpose of promoting breast cancer awareness



Photo by JO1 Sarah Langdon

The Mobile Education and Care Unit sits outside the Shore Intermediate Maintenance Facility headquarters at Norfolk Naval Station. It is currently being used to facilitate physical fitness screenings for the spring physical fitness assessment. The MECU is equipped with an exam room, an education room and small waiting room.

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Library Recognized for Superior Services, Resources

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from the Federal Library and Information Center Committee.

"I was by myself because Lisa had the day off and Karen was at lunch," Pellegrino remembered. "Capt. Knoop was unavailable. I wanted to tell someone and had to wait for Karen to come back from lunch. I couldn't wait to see the letter."

According to the notification letter, the Library is specifically recognized for the innovative and superior customer services offered in fiscal year 2003, as well as being commended for the provision of knowledge-based resources that optimizes military health care, promotes research and supports professional growth.

The meat and potatoes of the Library's operation is to offer health care related materials to patient and medical provider alike, an operation that started many years ago in a small space in Bldg. 215, with only enough room for the medical library.

"People who used to come in usually used the copier and left," Pellegrino said. There was barely enough room for the three staff members and the three computer stations."

Now in Building One, the Library has a roomier space taking up much of the fourth floor and includes expanded medical library services, a room dedicated to medical journals, the crew's library and 13 computer terminals.

The internship and residency training programs at NMC Portsmouth require superb library services for more than 100 graduate medical education students annually.

The Crew's Library, once separated from the med-

ical library and only containing a small collection of books on tape and paperbacks, now offers materials and services commonly found in public libraries, which can be used for leisure or off-duty education.

They began publishing a bimonthly newsletter in January 2003 called "What's New @ Your Library" to market the collections available and services offered.

The accomplishment of adding these services is a significant milestone, which began with two librarians no longer working in the Library Services Division. Pellegrino believes Suad Jones, Library Services Division department head from 1997 to 2000, now NMC Portsmouth's director for Knowledge and

Leadership, provided the foundation for winning the award, as did Diane Ward, a library technician at NMC Portsmouth for 25 years, who passed away in November.

"They are just as much a part of this award as the current staff," explained Pellegrino. "They have contributed greatly to our success. Unfortunately, Diane is not here to see the



Lisa Eblen, Health Sciences Library division officer, left, and Jane Pellegrino, Library Services Division department head, right, unpack new books just received by the library for categorizing and placement on the shelf.

award.

According to Pellegrino, Ward's contribution to Library Services over the years was immense.

"She was the friendly, helpful face at the front desk," Pellegrino said. "She was the first person people saw when they came in. She always went out of her way to help, focusing on the customer until she found what they were looking for. People couldn't speak highly enough of her."

Because of this type of personal service Ward and the others have offered, as well as the upgraded

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Quarterly Newsletter, Support Letters Helped Library to Win Award

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space and services, Pellegrino thought they were good candidates for the award.

“There has been so much positive feedback from hospital staff about us and the facility,” Pellegrino added, “so Lisa and I put together the submission package.”

The package included a three-page description of their mission and services, supporting letters from Cmdr. Gretchen Meyer, NMC Portsmouth Library Committee chairperson, and Lt. Cipriano Pineda, former command emergency manger, and the current newsletter at the time.

In Pineda’s letter, he noted that “needing reference material for the expanding field of homeland security, your staff helped me obtain material that assisted me in creating the Emergency Planning Office. With over 20 years in the Navy, NMCP is the best research and recreational library I have ever seen. One reason for your success is the quality of your entire staff. They do not stop until you either have the resource or the tools to obtain that resource.”

In the narrative of the package, Pellegrino stated the Library not only has the advantage of command resources, such as space and budget, but also the resources of the Telelibrary, the Navy’s general library service.

The medical library section maintains a spotlight of NMC Portsmouth authors to emphasize the scholarly activities of our own faculty, residents, students and staff, and supports patients care, education and research with more than 500 scholarly journal subscriptions in print and about 400 online journals and other reference services.

PubMed’s LinkOut service allows searches through lists of reference materials to find what the Library owns.

With a seemingly endless list of services offered by the Library, Knoop summarized the importance of the Library during the award ceremony when he said, “Our dedicated and talented Library Staff has brought world-class cutting-edge library services to our institution for years. It is a great pleasure to see recognition for their efforts with such a prestigious award.” ♣

CWC Helps Relieve Parents of Taking Extra Kids to Appt.

Continued from Page 3

“We will always try to accommodate the parents in cases of emergency,” Bradford said. “But if we are at capacity, we may not always be able to do so.”

Through six providers, the CWC can accommodate up to 24 in the preschool room and 11 in the infant to toddler room at one time.

Infants from age six weeks to toddlers age two are cared for in one area, while children age three to five are cared for in the pre-school room. The center provides all materials to entertain the children, such as finger paint, toys and books. However, parents must bring all consumable materials required by the child, including extra clothing, diapers, wipes, pre-made bottles for infants and nutritious snacks for older children.

“Snacks must be nutritious, including dry cereal, fresh fruit, 100 percent juice, sandwiches, cheese and crackers,” Bradford said. “We do not allow milk, because we need the refrigerator space for bottles, or fruit snacks, soda, candy or any other food not recognized by the FDA as being a nutritious food.”

The CWC maintains a file for each child, with the forms required for each child to stay at the center. This includes a copy of the child’s immunization record, and the registration, CWC/parental agreement, safety policy and food policy forms.

The forms can be filled out at the CWC, or can be downloaded from the NMC Portsmouth website and filled out ahead of time. Visit www-nmcp.mar.med.navy.mil and click on the Child Waiting Center link in the lower right hand corner of the home page (one of the rotating links). For more information, contact the center directly at 953-6873. ♣



St. Patrick’s Day Fun Run ***Congratulations to the overall winners.***

Men’s Category: Lt. Cmdr. Jared L. Brooks, 8:37
Women’s Category: Lt. Cmdr. Debra A. Mortland, 9:57



Remainder of First EMF Group Deploys

Photos by JO1 Rebecca A. Perron
and JO1 Sarah Langdon



One hundred thirty members of the Expeditionary Medical Facility (EMF) said goodbye to family and friends as they prepared to deploy to Kuwait for six months in support of Operation Iraqi Freedom. The group gathered in the Naval Medical Center Portsmouth gymnasium at 9:30 p.m., March 11, to prepare for their departure. The EMF left NMC Portsmouth at 11 p.m., for the Military Airlift Command at Norfolk Naval Air Station, where they loaded a plane with their gear and left shortly after midnight. The group made one stop in Ireland on their way to the Middle East region. The 130 medical and support staff join 70 members who deployed previously to set up communication and supply lines.



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MECU Van Gears Services Toward Everyone

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through education and diagnosis, the scope of its services has expanded to encompass many aspects of women's health. Its services will now include some exams geared toward men, such as the five-year physical and bi-annual Physical Health Assessment (PHA) screenings, offered for all servicemembers.

"The MECU is set up with one room for exams and another room for health education," said Tarah Alkire, Wellness Department. "Patients can get all the information they need on women's health, quitting smoking, heart disease and some other health concerns. They're able to get quality time and can spend as long as they need with the health educator.

"Some women have even found it to be an outlet," she continued. "They can talk about anything they want, and some have even cried on Ms. (Wanda) Gunnoe's (one of the nurse practitioners) shoulder."

The exam room is set up exactly like a small examining room with table, proper lighting and running water. There is also a television in the waiting area.

"Patient flow is very efficient," Alkire said. "They go through the

exam room and then right into health education, and there is a private waiting room that can accommodate three patients."

According to Alkire, lab tests go through Sewells Point Branch Medical Clinic at Norfolk, and prescriptions can be filled at any pharmacy the service member uses.



HN Weiran Wang of the NMC Portsmouth Wellness Department takes a patient's vital signs in the MECU van.

Patients are seen primarily by qualified nurse practitioners, medical doctors and occasionally, by physician's assistants. A standby hospital corpsman is also provided as staffing allows, and the ship utilizing the MECU is also encouraged to provide a standby corpsman for their crewmembers.

The Mobile Education and Care Unit minimizes the time crewmembers spend away from work. There is no driving, no parking and usually, a minimal wait.

"This is a real convenience," Alkire continued. "It's a full medical facility, and patients don't have to drive anywhere."

"This is a real service to the fleet," said Gunnoe, a nurse practitioner and MECU healthcare

provider. "We provide a service that patients need. For servicemembers on ships who want to get an exam off the ship, it's sometimes hard to schedule an appointment within a short period of time. Appointments are a lot easier to come by here, and as a result, we usually see 20 patients in one day. But, it still goes very smoothly."

Using the MECU does require an appointment, and whichever ship is using the MECU on a given day is responsible for providing a list of patients to the MECU staff for that day. The MECU will be in service at the naval station three to four days a week, Alkire said.

"This is a community-type program, and it's very important people show up when they are scheduled," said Ms. Gunnoe. "When the patients and ships' medical staff follow the procedures, the system flows and it works."

Currently, the MECU is traveling around Norfolk Naval Station performing physical health assessments, getting Sailors ready for the next Physical Health Assessment. The MECU staff expects to resume gynecological, physical exams and services after the spring PFA cycle. More information on operating dates will be available in the near future. For more information, call Tarah Alkire, Wellness Department, at 953-9236. ♣

Power of Social Work Celebrated During National Observation

By JOI Rebecca A. Perron

Imagine your newborn baby suffers from a congenital birth defect and requires admittance to the Neonatal Intensive Care Unit (NICU) of the hospital, a long-term stay and then requires specialized services after discharge. Would you know how to locate the resources that can help you through what can be a highly stressful situation?

This is when social workers like Pamela J. Royalty of Naval Medical Center Portsmouth's NICU or Cmdr. Norma G. Jones, head of NMC Portsmouth's Social Work Department, step in to help.

March marked the observance of National Social Workers Month. The National Association of Social Workers sponsored its first monthly celebration in 1963. The first federally recognized observance came in 1984.

This year's theme is "The Power of Social Work: Pass it on." The annual NASW gala specifically honored health care social workers March 11. Health care social work is the specific brand of social worker in the Navy. However, the active duty social worker program did not always exist.

More than 500,000 social workers contribute to the quality of life in communities nationwide, offering

services to help people take better care of themselves. The social work profession focuses on all areas of the population, and all stages of life from birth until death.

The Navy community is no different, with 31 active-duty social workers providing clinical and administrative services alongside hundreds of civilian social workers at Navy Medical Treatment Facilities worldwide.

"We address quality of life issues for services to families," explained Jones. "Our goal is to enhance quality of life, and educate the family to better care for themselves, connect them to available resources and empower them to self-sustain their own life quality."

The American Red Cross was the early setting for social workers in the Navy. Some of them assisted the original 12 uniformed social workers, who were commissioned in the late 1970s.

Jones is the only active duty social worker at NMC Portsmouth. There are currently 12 civilian social workers at NMC Portsmouth, who, with the assistance of six contract social workers, work as clinical case managers, psychotherapists, health care administrators and program analysts in 18 clinics and wards throughout the medical center.

"When a family needs help because their infant is sick, I connect them to resources designed to meet their particular needs," Royalty said. "Every family is different, every family's needs are different. I help them with whatever they need throughout their NICU stay, and for however long they need my help after they leave the hospital."

"NMC Portsmouth social workers provide psychosocial services to all Tricare beneficiaries," Jones said. "Their services are aimed to increase patients' abilities for managing their illnesses through problem solving, coping and linkage to resources. Our goal is to provide patients with tools to carry home with them that continue to assist in enhancing their quality of life."

"What I learn from the family and the baby teaches me about humanity," Royalty explained. "There is something special that keeps them going despite the illness, and I continue to learn something about them. That's what I love most about being a social worker."

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Photo by HM2 Daniel B. Benton

Lisa Davis Morris, a social worker in the NMC Portsmouth Mental Health Clinic, conducts an individual psychotherapy session with a patient.

March/April 2004 - The Courier

Women's History Month Celebrated with Display

The theme of the 17th annual observance of Women's History Month is "Women inspiring hope and possibility." To spotlight the efforts of women serving in the Navy, the Command Heritage Committee assembled two displays exhibited in the galley. One display contains photos of various command members, and the other contains posters and books about women in history

More than 200,000 women are serving in the Armed Forces. Nearly 58,000 women are serving on active duty in the Navy, and thousands more are serving in the Naval Reserve contributing to combat readiness everyday at sea, in the air, in foreign lands and on the home front. Their extraordinary accomplishments build upon the success of women who served before them, going back to the first Navy nurses and female Yeomen of World War I.

Women comprise almost 15 percent of the total Navy force. Of



Photo by JO1 Rebecca A. Perron

that force, the majority of women still serve in the medical field (46.2 percent of officers, 18 percent of enlisted) and in administrative careers (18 percent of enlisted). Surface warfare officers (14.7 percent) and aviators (nine percent) make up the next largest career choices. The only two restrictions to women are the submarine and special warfare communities. ♀



Photo by JO1 Rebecca A. Perron

Sarah M. Montague, chairman, Command Heritage Committee, left, assembled the display with help from HN Kaioni Carter, chairman, Women's History Month Committee, right, and Cmdr. Karen Al-Koshnaw, Nutrition and Staff Support department head.

Recent History Highlights

1972 - Chief of Naval Operations Adm. Elmo R. Zumwalt publishes Z-116, declaring the Navy's commitment to equal rights and opportunities for women.

1976 - Women were admitted to the U.S. Naval Academy.

1984 - For the first time in history, the Naval Academy's top graduate was a woman.

1986 - A Navy woman becomes the first female jet test pilot in *any* service.

1987 - The Navy assigns its first woman force master chief and independent duty corpsman to serve at sea.

1991 - The first Navy woman assumes command of a ship.

Oct. 20, 2003 - Rear Adm. Marsha J. Evans, Ret., was awarded the Women's Research & Education Institute award.

Oct. 1, 2003 - Rear Adm. Deborah A. Loewer was the first female surface warfare officer to be promoted to the flag officer rank.

Finding The Balance: We Hope for Wholeness, Health

By Capt. Robert A. Lauder, Chaplain, Canadian Forces

“The biggest issue that we have is finding the balance between work requirements, family relationships, spiritual life and physical activity.” What should we do with that? I was talking with the Canadian Forces Director of Chaplaincy Administration in Canada. We were pondering significant issues in the Canadian chaplain branch, and his words are interesting. The most important issue in the lives of Canadian Forces chaplains today is in finding the balance of life. How many of us find the balance?

I am an Anglican priest and a Canadian chaplain engaged in a 12-month Pastoral Care Residency at Naval Medical Center Portsmouth. Looking at the crucifix above my desk, I notice that the cross has two pieces to it – one piece goes up and down, and the other goes from side to side. I got to thinking that life is about relationships which go up and down and side to side. We need a relationship with our Higher Power, and we need a relationship with the world around us. It is in balancing both mental and physical dimensions that we find health and wholeness. A healthy life is about finding the point of balance.

My last civilian parish was in Canada’s sub-arctic. I flew a light aircraft into these northern villages accessible only by air or canoe. It was a very different life from what I had left behind in urban Toronto. Temperatures would drop to –40 degrees on a cold night. Upon landing, I would dress in my warm parka, mukluks (hide boots) and moose hide mitts, focus on a point of light several miles down the dark, frozen surface of Lake Athabasca, and start walking. That light was a cabin, and the people inside were some of my parishioners. I would be greeted like a relative, and we would spend hours eating and talking by the fireplace. Then I would thank them and set off down the lake toward the next point of light.

During these visits, I was struck with two things. One is that these people seemed very happy. They had found a point of balance in their life and rested easily in that space. When they are hungry, they hunt and eat. When they are tired, they lay down and sleep. It was elegant in its simplicity. The other thing that struck me was my own perspective. I had come a long way to be a pastor to these people but, much to my surprise, I found myself receiving more than I was giving. I had come as “the spiritual expert”, only to find awareness of my own wounds. I needed to find balance in my own life, and these gentle, loving people healed me. They taught me that it is important to have a good relationship with the Divine. God is with us,

and we are not alone. It is equally critical to have healthy relationships with family, friends and acquaintances that will sustain us. What a surprise to find the importance of friendship in such a remote and lonely place.

Do we have such remote and lonely places in our life? In the military, we can find ourselves being carried along on the rushing tide. I am reminded of rafting on the Bay of Fundy between Nova Scotia and New Brunswick. Tides there come in as a wall of water eight feet high, and it is quite the ride. Sometimes we feel driven by forces beyond our control. Yet, it is in our helplessness that we find strength. It is when we are most out of control that the Divine breaks into our life.

Do we ever achieve the balance between demands of work, commitments to family and friends, making time for prayer, reading and meditation, and still being physically active? Perhaps only for brief periods, but it is in seeking the balance of the vertical and the horizontal dimensions that we find hope for wholeness and health. ■



Social Work Field Leads to Rewarding Career

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Jones came into the field after graduating from the University of West Virginia, working in the civilian sector for nine years before joining the Navy in 1984.

"I thought the Navy looked interesting," Jones explained. "I had been doing clinical social work for a long time. I wanted a different location and different opportunity from what I was doing in North Carolina. I started with medical social work in California, and then went to Adak, Alaska. I kept having the opportunity to set up programs in places where they didn't exist before. So I felt I was having an impact and decided to stay in the Navy for the long term."

As the department head, Jones is the social worker specialty leader. She helps recruit social workers for the Navy and assists the social worker's detailer with assignments for the community.

Social workers are required to have a master's degree in social work and a state license, and many have the highest certification of excellence as Board Certified Diplomat.

"The master's degree actually declares the social worker as a professional," explained Jones. "They have obtained the education to do clinical diagnoses and study the family dynamics. The Bureau of Medicine regulations require the highest level of state licensing available."

All of NMC Portsmouth's social workers have the highest qualifications possible, regardless if they are military, civilian or contractor.

"I came into the field," explained Royalty, "because I believe that if intervention

occurs early, then hopefully the social worker's intervention will lead to a better world."

The dedication of social workers does help the world become a better place. They are a great resource for millions of families nationwide, including those in our military family.

To find out more about social workers or how to become one, visit the NASW website at www.naswdc.org for general information. The Council on Social Work Education website, www.cswe.com, can help identify educational institutions.

Norfolk State University is the institution in the Hampton Roads area that offers a social worker program, including bachelor's, master's and doctorate degrees. To qualify for the active duty social work program, servicemembers must have their master's degree in social work and an independent license, which requires about two years working in the field. ♡



Photo by HM2 Daniel B. Benton

Pamela J. Royalty, a social worker in NMC Portsmouth's Neonatal Intensive Care Unit, assists the parents of a newborn with planning for care after discharge from the hospital.

Happy 56th Anniversary to the Dental Techs!

Dental Technicians celebrate their 56th anniversary April 2, marking more than five decades of dental health care assistance to dentists serving in the Navy.

There are 3,000 DTs serving in a variety of



"chairside" and administrative duties. Some are qualified in dental prosthetics, dental X-ray, clinical laboratory and pharmacy procedures, and maintenance and repair of dental equipment.

The Courier - www-nmcp.med.navy.mil

Litter Bearer Team Must Learn to Move in Unison

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the helicopter and load them onto it. The team of four must move as one for the safety of the patient. If just one person on the team is out of sync, the balance of the patient is off, and he could be dropped.

With the noise level high, hand signals and eye contact are the key to fluent communication between the litter bearers and the jump team from the helicopter. The jump team is there to assist with loading patients. A jump team member stands by the litter patients while the other two members are near the helicopter. When the okay is given, a thumbs up signal lets the corpsmen know to lift the patient.

The litter bearer to the left of the patient's head gives the commands to lift the patient. A count of three and a thumbs up lets the corpsmen know when to lift. Everyone must lift at exactly the same time to maintain balance of the patient. The patient is carried and loaded head first in the Black Hawk. When removing a patient, the litter bearers, with the aid of the jump team, slide the patient out feet first and carry him that way until they are clear from the spinning propellers.

Throughout the entire evolution, the jump team communicates to each other through helmets with microphones attached and then relays any messages to the litter bearer team.

"This was important training," said HN John Alexander, one of EMF Portsmouth's operating room surgical technicians. "It was

important for the corpsmen, the nurses, the doctors and also for the safety of the patients." Alexander has loaded and unloaded patients from both Sea Stallion CH-53E and Sea Knight CH-46 during training exercises at Field Medical Service School in Camp LeJuene, N.C.

"It is always good to practice something like this," said HM3 Scott Thompson, another operating room surgical technician, "before we have to use it in a real casualty situation."

Thompson also gained patient-handling experience around helicopters during field training with the Sea Stallion and the Sea Knight, but this was his first time working with the Black Hawk. However, neither Alexander nor Thompson has ever performed this task while in a combat zone.

"Each one of us from EMF Portsmouth has been trained at different levels of preparedness," explained Thompson, "so we all need the training to make sure we are on the same page. It wasn't so much to teach us how a Black Hawk works, but it was more of how to work as a team in an actual combat environment. Performing together as a unit, when out there on the helo pad, is important for both our safety and the safety of the patient."

EMF personnel have to learn everything the Army's combat support hospital does, so they are ready to take the reins. With future training exercises, EMF personnel will have the chance to experience all aspects of practicing medicine in the field. Two of the training evolutions are an Embassy mass casualty exercise and an 801st CSH mass casualty exercise. ▼



HA Carlos Carrasquillo and HM3 Derielle Thurman are the lead members of the litter bearer team who carry a patient to the helicopter.

Boone Acute Care Dept. Offers Sick Call, After-Hours Care

Story and photo by JO1 Rebecca A. Perron

The Adm. Joel T. Boone Branch Medical Clinic at Little Creek Amphibious Base received the Commander's First and Finest Team Award for the 4th Quarter Feb. 27. The After-Hours Walk-In Clinic is one of the reasons Boone was selected to receive the award. The efforts of the clinic resulted in reduced financing costs for emergency room visits at civilian facilities by 75 percent, which equated to a cost avoidance of \$1.5 million.

The clinic has also been successful in holding the only Military Sick Call in the region, open to active duty of all branches working at the amphibious base. Sick call is available from 7 to 11 a.m. Monday through Friday. Part of the Acute Care Department (ACD), sick call is run by an independent duty corpsman (IDC) with the help of one hospital corpsman.

While sick call is only available to active duty, the acute care section sees during the day all Tricare beneficiaries assigned to Boone as their primary care provider (PCM) throughout the day. Patients are screened at the front desk of the ACD to determine which section they should be seen by, as well as eligibility and need for medical

attention. During the day, the doctors in the department are qualified to see patients eight years and older.

However, HMC Ricardo Garza, the IDC in charge of sick call, explained that no one with a bonafide emergency would be turned away.



HMC Miguel A. Montoya of the Acute Care Department takes the vital signs of Pfc. Philip J. Gartrell, who is assigned to the School of Music at Little Creek.

Garza said, "Of course, if someone who belongs to another clinic comes in because they happened to be in the area when the illness began or the injury occurred, we are not going to turn them away."

After 4 p.m., when the clinic transitions into after-hours routine,

a Family Practice doctor is available to see patients of all ages and all Tricare beneficiaries are eligible to be seen regardless of PCM. The after-hours clinic has made a significant impact during its first year in operation.

"We have been successful in reducing the number of outside visits to other facilities, decreasing the cost of paying for these visits," Lt. Evelyn Tyler, head of the Acute Care Department, explained, "while improving access to care for people who would normally have to seek medical attention out in town because they need to be seen today after hours."

The ACD previously offered services between 7 a.m. and 4 p.m. on weekdays, as other branch medical clinics in the area with ACDs do. While Tyler was deployed to Kuwait with Fleet Hospital 15 in the spring of last year, the clinic extended its hours. The clinic currently offers acute care services until 10 p.m., as well as 1 to 7 p.m. on weekends and holidays.

"The idea of offering after-hours services had been in the works for a while," Tyler said. "The Emergency Medicine Department at the hospital had been researching the proposition. When I came back from Kuwait, the hours had been

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NMCP NFCU Branch Donates \$500 to NMCP Red Cross Chapter

Ernestine Herrera, center right, Navy Federal Credit Union, NMC Portsmouth Branch chairperson for Recognition and Awards, presents a check for \$500 to Sylvia Pakradooni, center left, station chair of the NMC Portsmouth American Red Cross chapter, in honor of the NFCU program “Dollars for Do’ers”. The program recognizes volunteer organizations and presents them with a gift check for their charity. The only criteria is the charity must be non-profit, open to participation by anyone and can benefit anyone. Pictured from left to



right are Tiffany Williams, Nicki Gibson, Kimberly Wright, Sylvia Pakradooni, Ernesting Herrera, Carol, Guadalupe Nisperos and Jeremy Hulatt.

Chisolm House Receives New Plaques, Returns to Former Name



Mary Johnson, president, Chisolm House Board of Directors and president, Chisolm Foundation, stands next to three new plaques at the Chisolm apartment building. The plaques were mounted in honor of the apartment building’s return to its original name, Chisolm House. For the past 14 years, the apartment building had been known as Fisher House One and was affiliated with the Fisher House located on the Naval Medical Center Portsmouth compound. The apartment building will now be known as the Chisolm

Hospitality House. The house was originally named in honor of Rev. James Chisolm, founder of St. John’s Episcopal Church, in Portsmouth. In 1855, a severe yellow fever outbreak hit the Hampton Roads region very hard. Many people evacuated with the exception of Rev. Chisolm and a priest from the local Roman Catholic church, who stayed to take care of those left behind. Rev. Chisolm died at NMC Portsmouth, and in his honor, the Chisolm House was named for him.

Acute-Care Services Provide Access to Care

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extended and the extra staff was in place.”

Because of the extended hours, personnel from Naval Medical Center Portsmouth and other departments at Boone were pulled to work in the ACD to meet the extra requirements. The ACD now has a staff of 25, including corpsman, active duty doctors and civilian physician assistants. HN Erin M. Kersten was one of the corpsman moved from NMC Portsmouth to the clinic.

“I had worked in the Mother-Baby Unit at Portsmouth for a year when I moved here,” explained Kersten. “I’ve been at Boone for a year now. I work the evening shift, mostly performing triage services.”

Kersten said the staff of the acute care clinic begins with each patient by taking their vital signs and getting an explanation of their chief complaint.

“If they have something like a fever or pain, we see them right away,” Kersten said. “But if the problem is minor enough, like a cold with no fever, that they can wait to see the doctor, then we schedule an appointment for them with their primary care provider.”

The department has an area with two beds designated for respiratory and cardio symptoms, and an area containing four beds for everything else, such as allergic reactions and migraines. Sick call patients

are seen in the IDC’s exam room. According to Tyler, when sick call is full, the acute care doctors see the sick call patients.

“We see all patients, from those who have the smallest problem to patients with extreme chest pain,” explained Lt. Glenn Wright, a physician’s assistant assigned to Boone who sometimes works in the Acute Care Clinic.

During sick call, Garza sees between nine to 16 patients per day.

“I see patients with everything from the common cold to work ups for sexually transmitted diseases,” Garza said. “I also provide training for the corpsman in the clinic to better assess vital signs. We could have a patient come to sick call or a regular appointment, and they say they are feeling OK, but their vital signs say they need to be seen in acute care right away.”

Regardless of what section of Boone’s Acute Care Department a patient is seen in, whether during the day or in the evening, active duty, dependent and retired beneficiaries can be assured they will receive excellent access to care with the convenience of staying within the Naval Medicine system. For more information about these services, visit NMC Portsmouth’s website, www-nmcp.med.navy.mil, and click on the link for Boone under the Branch Medical Clinic list. ▼

Upcoming MWR Events

Free Weekly Movie Night- Join MWR in the barracks (Bldg. 288) weekly for movies on the big screen! The show starts at 7 p.m. The schedule for April is: April 8 The Blue Collar Comedy Tour, April 14 Gothika, April 22 Def Comedy Jam Vol. 2, and April 29 The Original Kings of Comedy. Sodas and snacks are available at each show. Call Erin at 953-5095 for more information.

Video Game Tournament- Join MWR in Bldg. 288 for a basketball video game tournament April 27. Play begins at 7 p.m. Sign ups begin April 14 in the MWR administrative office. Call Erin at 953-5095 for info.

Group Trip to Busch Gardens- Join MWR for a fun-filled trip to Busch Gardens April 17. Transportation is free and tickets may be purchased through MWR. When you purchase a ticket, you

get a free return trip to the park, to be used by August 31. Contact Erin at 953-5095 for more information.

Fun Walk- Grab a friend and join MWR for a fun walk April 20. Meet in front of the gym at 11 a.m. There is no fee to participate. Complete the course in the allotted time and get a prize. Contact Dee at 953-5094 for more information

Intramural Softball Organization Meeting- Open to all active duty assigned to the hospital and tenant commands. Those interested in playing intramural softball should meet in Bldg. 276 in the MWR administrative office April 22 at 11 p.m. If you do not have a team, you may be placed on one. Contact Bill at 953-5094 for more information.

NASCAR on the Big Screen- Watch your favorite driver every week in Bldg. 288. The next race is the Advance Auto Parts April 18 at 1 p.m. April 25 is Aaron’s 499, also starting at 1 p.m. ▼

New Initiative Aims to Eliminate Shaken Baby Syndrome

New parents of infants delivered at Naval Medical Center Portsmouth will be better educated about infant crying and the dangers of Shaken Baby Syndrome.

Thanks to the generous support and funding from the Navy Bureau of Medicine and Surgery (BUMED) Perinatal Advisory Board, this DoD Family Centered Care initiative was formally launched March 31.

NMC Portsmouth is one of six chosen pilot sites implementing the program. The program for Shaken Baby Prevention, also known as SPI, is based on a successful model that has demonstrated a 40 percent decrease in the number of infants with head injuries due to shaking.

The program consists of three key elements, including a 10-minute video, a private discussion with a

nurse educator to discuss risks factors and appropriate methods for calming a crying infant, and a commitment statement, which the mother and father are asked to sign,



affirming their receipt of training and their understanding of the dangers of shaking a baby.

Unlike other discharge instructions given to new parents before leaving the hospital with their baby, highlights a singularly important message for parents at a milestone in their lives – Take a Break, Don't Shake Your Baby!

Because SPI hopes to capture all new parents with this education initiative, deployed fathers will be asked to undergo SPI training when they reunify with their families.

Selected military treatment facilities, in addition to Naval Medical Center Portsmouth, that will be participating in SPI pilot project include Camp Lejeune, Camp Pendleton, NH Pensacola, NMC San Diego and NNMC Bethesda. With the results and responses obtained from these six pilot sites, the BUMED Perinatal Advisory Board hopes to expand the SPI program and personally immunize every new baby born in a military hospital against Shaken Baby Syndrome.

Contact Lt. Carol Smith at 953-4494/4476 or Lt. Rawlings at 953-4472/4160 if you have questions or wish to learn more about SPI. ♣

Spring Physical Fitness Assessment Held During Entire Month of April

The Spring 2004 Physical Fitness Assessment (PFA) is currently being conducted. Weigh-ins must be completed two to 10 days prior to taking the PFA. Weigh-ins are being held in the CPO bunkroom (Bldg 2, first deck, behind admissions) daily from 7:30 to 10:30 a.m., with the last day April 28 scheduled as the last day to weigh-in.



Runners: The PFA running portion is held at the helo pad (near the gym) April 1 to April 30. Assemble at the brown pavilion 15 minutes prior to the hour of testing to sign in and stretch. The PFA will commence on the hour starting at 7 a.m. through (and including) 12 p.m., 2 p.m. and 3 p.m. Testing is on a first-come, first-served basis. For safety, only 25 members can be tested each hour.

Swimmers: Schedule a time during the weigh-in. The PFA is given from April 1 to April 30 between the hours of 1 and 2:30 p.m., Monday through Friday.

Personnel who checked onboard NMC Portsmouth on or after Jan. 26 are exempt from PFA. However, they are NOT exempt from weighing in. Please know your current directorate, as you will be asked this information during weigh in.

If you have any questions or need any assistance, please call the Command Fitness Staff at 953-5099. ♣



Bravo Zulu!!!

Meritorious Service Medal

Capt. Denise Boren
Cmdr. Tamara C. Martin
Cmdr. Cheryl L. Ruff
Cmdr. Susanne M. Sanders
Cmdr. Elizabeth C. Savage
Lt. Cmdr. Martin D. McCue
HM3 Michelle L. Meertens
HM3 Isma-Rhonda L. Flores

Joint Service Command Medal

Capt. Douglas Knittel

Navy Commendation Medal

Capt. Robin Davidson
Cmdr. Deborah F. Tappen
Cmdr. Mary S. Nadolny
Cmdr. Tina L. Nawrocki
Lt. Cmdr. Robin D. Gibbs
Lt. Cmdr. Sherri D. Jackson
Lt. Cmdr. Heidi A. Kulberg
Lt. Cmdr. Maryann C. Mattonen
Lt. Cmdr. Margaret P. Oberman
Lt. Cmdr. Katrina O. Pringle
Lt. Cmdr. Ernest W. Worman
HMC Jeffrey A. Bolden
HMC(FMF) Louis Everett
HMC(AW/FMF) Douglas R. Pollock
HMC(SW/AW/FMF) Kurt E.
Wentzell
HM1(FMF) Francisco R. Chavez
HM1 Gordon H. Stevens

Navy Achievement Medal

Lt. Cmdr. James R. Pierce NA
Lt. Laura L. Hammond
Lt. j.g. Kazmer Meszaros, Jr.
Lt. Robert W. Zurschmit
YNC(SW) Ervin J. Herzog
HMC Richard K. Morrison
HM1(SW/AW) Arlene M. Maxwell
GM1(SW) Christopher S. Sansone
HM1(FMF) Brian K. Vasvary
HM2 Dierdre W. Desmond
SK2(SW) Rachel J. Newman
HM3 Annmarie Anop
HM3 Kevin Brzenk
HM3 Osvaldo Burgos-Iturrino
HM3(FMF) Eddrick L. Clay

HM3 Carmilita C. Ellis
HM3(SW) Jaclyn B. Finger
HM3 Rebecca L. Morrell
HM3 Kimberly A. Oelschlager
DT3 Dwight J. Smalls
HN Chaleatta M. Brinkley

Letter of Commendation

Lt. Cmdr. Kenneth A. Page
Lt. Pamela L. Krah
DT1 Louis B. Gilbert
EM1(SW) Steven Pate
BM1(SW) Gilford Swaney
HM2 Lasha-Wanna Loritts
HM2 Selinda T. Simmons
HM3 Ryan M. Christensen
HM3 Erica S. Person
HN Sheena M. Causby
HN Neda H. Fink
HN Clayton Smith
HN Katherine A. Stilgebouer
HN Kimberly Velasquez
HN Richard L. Warren
CIV Mark A. Gellach
CIV Sherri Killam
CIV Marva Morris

Letter of Appreciation

Cmdr. Robert A. Wymer
Lt. Cmdr. Timothy Porea
Lt. Cmdr. Leslie Sims
SK1 Michael H. Blum
HM1(SW) Charles T. Canterbury
HM1 Rose Angeline T. Jahnke
HM1(SW) Michael H. Sweeden
HM1(SW) Thomas Williams
HM1 Carmen D. Yalung
HM1 Gerardo P. Yumul
HM1(FMF) Michael A. Zurek
HM2(AW) Jason M. Allen
IT2 Marcus D. Avinger
HM2 Carlos Bauza
HM2 Ulysses Briones
HM2(SW) Martin Bunko
HM2(SW) Joseph Byrd
HM2 John P. Fitzgerald
HM2 Shayae Frierson
HM2(FMF) Randal J. Gore
ET2(SW/AW) Kenneth E. Haggard
HM2 John L. McMurry

HM2(FMF) Christopher R. Miller
IT2(SW) Donato A. Rivera
HM2(SS) Christopher M. Roach
HM2 Christopher A. Robbins
HM2 Dorenda M. Smith
HM2 Kenneth D. Stone
HM2 Cornelius J. Vanwingerden
HM2 Emanuel M. Waddell
RP3 Tommy Boswell
HM3 Tovi L. Brooks
HM3 Amy M. Clayton
HM3 Rachel L. Cole
HM3 Edwin Figueroa
HM3(SW) Erik Forstrom
ET3 William J. Kerst
HM3 Marcus A. Larrieu
HM3 Lestary Medford
HM3 Gabriel Mendoza
HM3 Michael A. Moser
HM3 Robbie Patterson
HM3 Natieva T. Perkins
HM3 Betty K. Robinson
HM3 Katundra D. Robinson
HM3 Marco A. Salgado
HM3 Sang A. Thai
HM3 Noel Thompson
MA3(SW) Natasha M. Tom
HM3 Douglas Trott
HM3 Carlos Ochoa
HN John Alexander
HN Dedra A. Boyd
HN Kathryn A. Burton
YNSN Aretha T. Clayton
HN Denise W. Ellis
HN Adam M. Fansler
HN Louicilia Genelien
HN Milissa D. Godzik
ABHAN Eric J. Goede
HH Jonathan W. Jones
HN Victor D. Jose
HN Matthew K.D. Lewis
HN Natalie P. Lindsey
HN Jerod M. Napier
HN Olufemi O. Ogunbe
HN Alicia M. Tilley
PNSN Guy I. Walker
HN Wakisha M. Wallace
CIV Catherine R. Blythe
CIV Crystal A. Jefferson